

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.I. NAME OF IN-  
STALLATION

NCD003236437

II. INSTALLA-  
TION MAILING  
ADDRESSGENERAL ELECTRIC CO\*  
DRAWER 400  
ASHEBORO, NC 27203III. LOCATION  
OF INSTAL-  
LATION1758 S FAYETTEVILLE  
ASHEBORO, NC 27203

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

15	16																			35
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INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

5											T/A	C										
F											3	1										
1	2											13	14	15	16	17	18	19	20	21	22	

## I. NAME OF INSTALLATION

30																										67
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## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

15	16																			45
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CITY OR TOWN

ST.

ZIP CODE

4											40	41	42	43	44	45	46	47	48	49	50	51
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## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5											45
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CITY OR TOWN

ST.

ZIP CODE

6											40	41	42	43	44	45	46	47	48	49	50	51
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## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2	H	A	R	T	M	A	Y	E	R	E	D	W	A	R	D	P	L	A	N	T	M	A	N	A	G	E	R	9	1	9	-	6	2	5	-	5	1	8	1
15	16																			45	46	47	48	49	50	51	52	53											

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8	G	E	N	E	R	A	L	E	L	E	C	T	R	I	C	C	O	R	P	O	R	A	T	I	O	N										
15	16																										55									

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY												
5	W	NC	0003	23	64	37	21	T/A C				
1	2	3	4	5	6	7	8	9	10	11	12	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 1 7 23 - 26	3  23 - 26	4  23 - 26	5  23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 7 7 23 - 26	32 U 1 5 9 23 - 26	33 U 1 6 5 23 - 26	34 U 2 2 6 23 - 26	35 U 2 2 8 23 - 26	36 U 2 3 9 23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

*E. G. Hartmayer*

E. G. Hartmayer  
Plant Manager

*8-8-78*



U.S. ENVIRONMENTAL PROTECTION AGENCY

## GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FAC0003236437

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

FORM  
1  
GENERAL

## LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

NCD003236437

GENERAL ELECTRIC CO\*  
DRAWER 400  
ASHEBORO, NC 27203

1758 S FAYETTEVILLE  
ASHEBORO, NC 27203

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

## SPECIFIC QUESTIONS

## MARK 'X'

YES NO FORM ATTACHED

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

X

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

X

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

X

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

X

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

## SPECIFIC QUESTIONS

## MARK 'X'

YES NO FORM ATTACHED

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

X

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

X

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

X

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

X

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

## III. NAME OF FACILITY

C 1 SKIP

15 16 - 29 30

## IV. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

HUBBARD RICHARD MAINT ENG

919 625 5181

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5

B. COUNTY NAME

RANDOLPH

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	6	C	7	(specify)	
15	16	17	18	15	16	17	18
Electrical Household Appliances							
C. THIRD				D. FOURTH			
C	7	(specify)		C	7	(specify)	
15	16	17	18	15	16	17	18

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
C	8	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66	
GENERAL ELECTRIC COMPANY			
15	16		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		C A 9 1 9 6 2 5 5 1 8 1 15 16 17 18 19 20 21 22 23 24	
P (specify) 55			
E. STREET OR P.O. BOX			
P.O. DRAWER 400			
20	21		
F. CITY OR TOWN		G. STATE	H. ZIP CODE
C	B	N C	2 7 2 0 3
15	16	40	41 42 43 44 45 46 47 48 49 50
ASHEBORO			
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9	C	9
15	16 17 18	15	16 17 18
N C 0 0 0 6 0 9 2			
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9	C	9
15	16 17 18	15	16 17 18
U			
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9	C	9
15	16 17 18	15	16 17 18
N C D 0 0 3 2 3 6 4 3 7			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

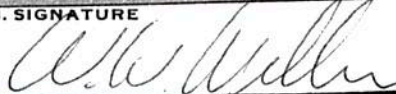
The General Electric Company, Asheboro, NC plant is in the business of producing small electrical household appliances.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)  
 W. W. Williams - Vice President  
 General Manager

B. SIGNATURE



C. DATE SIGNED

11/11/80

## COMMENTS FOR OFFICIAL USE ONLY

C															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30



FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

8 5 2 0 1 0 1

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.

2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
16 - 18	19	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	25 - 27	28	29 - 31	32
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	55,000	G	7			
2				8			
3				9			
4				10			



#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS. . . . . P  
TONS. . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS. . . . . K  
METRIC TONS. . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3	D 8 0		
X-2	D 0 0 2	400	P	T 0 3	D 8 0		
X-3	D 0 0 1	100	P	T 0 3	D 8 0		
X-4	D 0 0 2						included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
9	8	7	6	5	4	3	2	1	0	9	8	7	6	5	4	3	2	1	0	9	8	7	6	5	4	3	2	1	0
W	N	C	D	0	0	3	2	3	6	4	3	7	3	1						W									
													DUP																
													2 DUP																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
	23	24	25	26			1. PROCESS CODES (enter)																						
	23	24	25	26	27	28	27	28	29	27	28	29	27	28	29	27	28	29	2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	F	0	0	1	1	T	S	0	1																				
2	F	0	1	7	3	T	S	0	1																				
3	U	0	7	7	100	P	S	0	1																				
4	U	1	5	9	50	P	S	0	1																				
5	U	2	2	6	200	P	S	0	1																				
6	D	0	0	1	1	T	S	0	1																				
7	D	0	0	2	1	T	S	0	1																				
8																													
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26																													



# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

N	C	D	0	0	3	2	3	6	4	3	7	T/A/C	3	6
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## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3	5	4	0	2	4	0
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LONGITUDE (degrees, minutes, & seconds)

0	7	9	4	8	5	7	0
---	---	---	---	---	---	---	---

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. W. Williams

B. SIGNATURE

*W. W. Williams*

C. DATE SIGNED

11/11/80

## C. OPERATOR CERTIFICATION

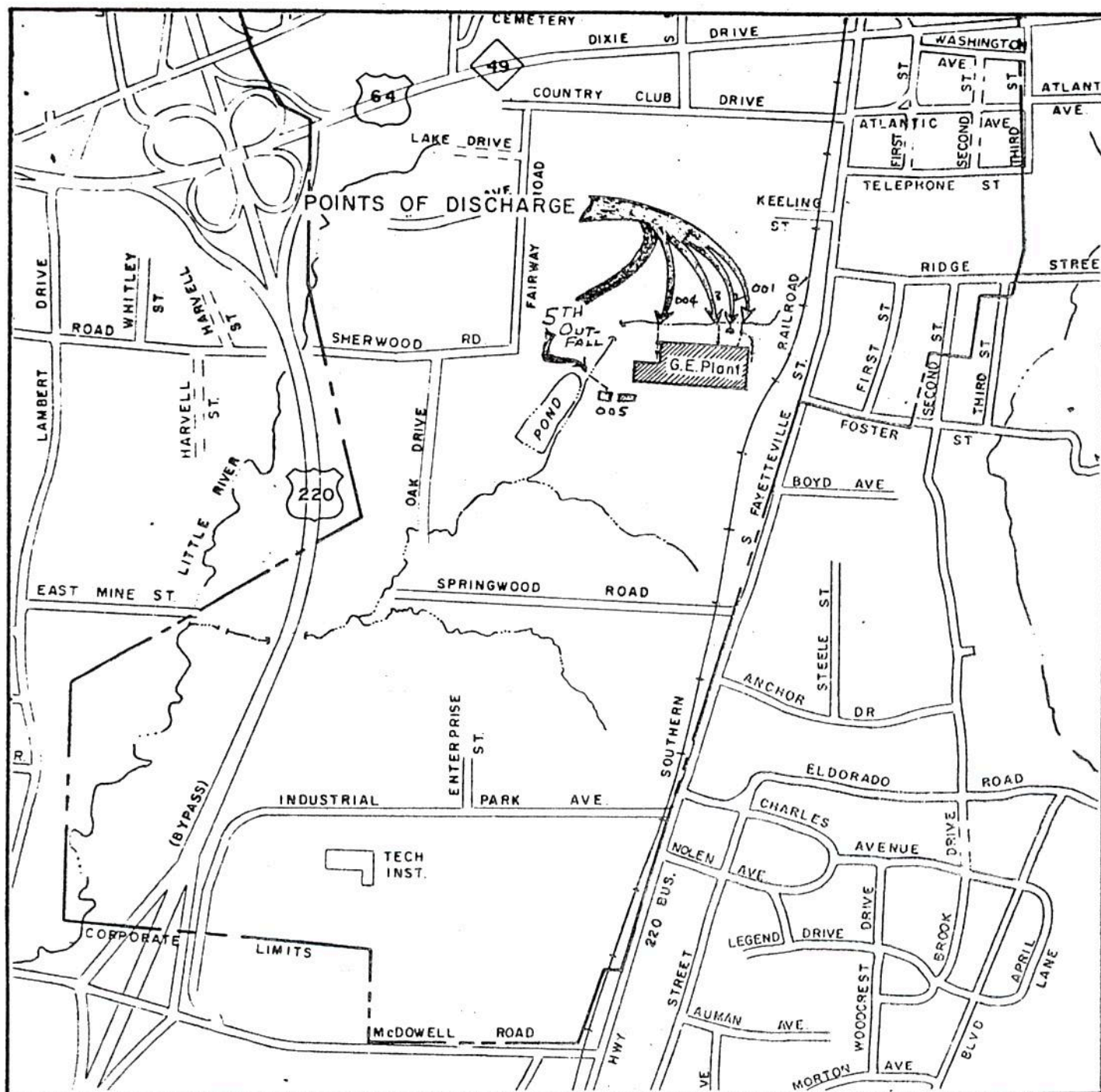
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

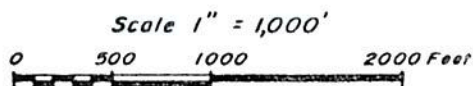
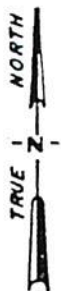
B. SIGNATURE

C. DATE SIGNED





THIS MAP TRACED FROM CITY OF ASHEBORO STREET MAP (1971)



Map Prepared By  
**Moore, Gardner & Assoc., Inc.**  
 Consulting Engineers  
 Asheboro, North Carolina

JUNE, 1971

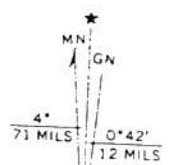
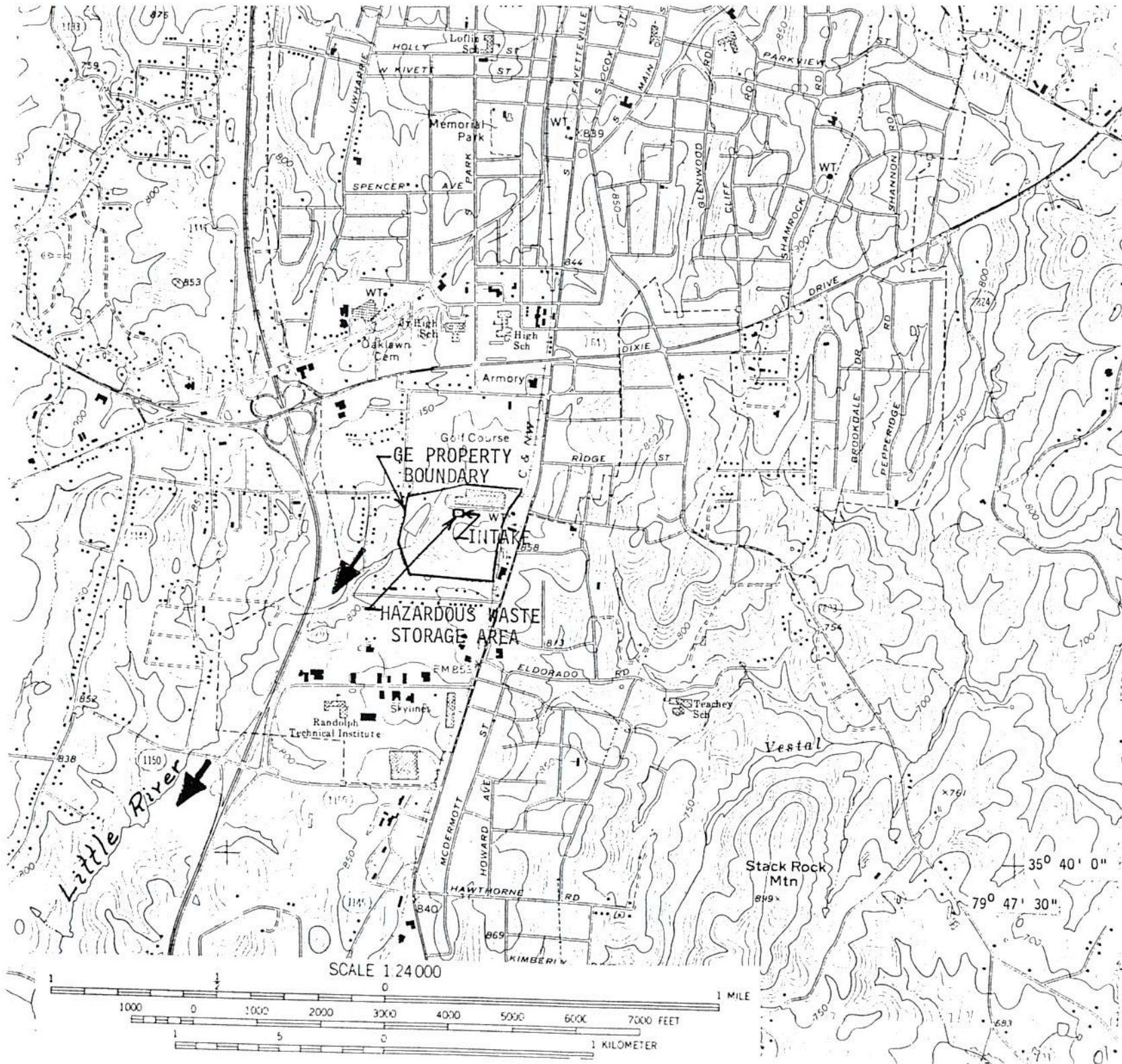
*Location Map*

**GENERAL ELECTRIC CO.**

*Housewares Division  
 Asheboro, North Carolina*

LATITUDE - 35° 41' 00"  
 LONGITUDE - 79° 49' 10"





UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

ASHEBORO, N.C.  
NE 4 ASHEBORO 15' QUADRANGLE  
N3537.5—W7945/7.5

1970

AMS 5055 III NE—SERIES V842  
LOCATION MAP  
GENERAL ELECTRIC CO.  
ASHEBORO, N.C.



Part A, Permit Process --- Internal Checklist

ID Number NCD003236437 Inst Name GENERAL ELECTRIC CO.

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>mt</u>		
3	Form 1 received?	<u>mt</u>		
1	Form 3 received?	<u>mt</u>		
1 & 3	Postmarked on or before November 19, 1980?	<u>mt</u>		
3	Date of operation entered?	<u>mt</u>		
3	Date of operation on or before November 19, 1980?	<u>mt</u>		
Notif. record	Notifier?	<u>mt</u>		
"	Notified on or before August 18, 1980?	<u>mt</u>		
1	Form 1, XIII B signed?	<u>mt</u>		
3	Form 3, IX B Signed?	<u>mt</u>		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO

1	Unsure if regulated or non-regulated?		<u>mt</u>
3	New facility?		<u>mt</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:  
Maps\_\_\_; photos\_\_\_; drawings\_\_\_; lat/long\_\_\_.  
Other observations and comments:

Received Date Stamp

(Stamp forms also)

Log out/Log in  
on reverse side.



GE ASHEBORO, N. C.

X. Existing State Permits/Certificates

E. "other"

Air      76-72-16-0001

76-72-16-0002

76-72-16-0004

32-28-R-2

11/7/80



DRAFT

RCRA LAND RESTRICTION  
F- SOLVENT  
GENERATOR CHECKLIST

Inspector: J.H. Dickins  
Address: 1340 Lake Ridge Lane  
McBane, N.C.  
Telephone no: 919-563-1818



I. HANDLER IDENTIFICATION

A. Handler Name Black & Decker (U.S.) Inc. B. Street (or other identifier) 1758 S Fayetteville St.  
C. City Asheboro D. State N.C. E. Zip Code 27203 F. County Name Randolph  
G. Nature of business; Identification of Operations Manufactures of small appliances - metal degreasing  
H. EPA ID # NC D003236437  
I. Handler Contact (Name and Phone Number) Ray Pope 919-625-5181

II. Generator Compliance

A. F-Solvent Identification

Comments

1. Does the handler generate the following wastes?

- a. F001 ✓ Yes     No  
b. F002     Yes ✓ No  
c. F003     Yes ✓ No

If an F003 wastestream listed solely for ignitability was mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

- Yes ✓ No  
d. F004     Yes ✓ No  
e. F005 ✓ Yes     No

2. Source of the above: Form 8700-12    ; Part A ✓; Part B    ; Other (specify)    

Appendix A is intended to assist the inspector and enforcement official in determining whether the handler is generating F-solvent wastes, if such wastes were not identified by the handler previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below:



Handler Name: Black & Veatch  
ID Number: MD003230437  
Inspector: A. H. Deaton  
Date: 4-29-87

B. National Variances and Extensions/Petitions

Comments

1. Is the waste generated by a Small Quantity Generator? [268.30(a)(1)] ☐ Yes ☒ No
2. Is the waste generated from a RCRA corrective action? [268.30(a)(2)] ☐ Yes ☒ No ☐ Some
3. Is the waste generated from a CERCLA response action? [268.30(a)(2)] ☐ Yes ☒ No ☐ Some
4. Is the solvent waste a solvent-water mixture, solvent-containing sludge, or solvent-contaminated soil containing less than one percent total FO01-FO05 constituents by weight? [268.30(a)(3)] ☐ Yes ☒ No ☐ Some
5. Any extensions/petitions approved? ☐ Yes ☒ No

C. BDAT Treatability Group - Treatment Standards Identification

1. Did the generator correctly determine the appropriate treatability group and treatment standards of the waste [§268.41]. Wastewaters containing solvents; spent methylene chloride in pharmaceutical wastewaters; all other spent solvent wastes? ☒ Yes ☐ No

D. Waste analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. knowledge of the waste ☒ Yes ☐ No

b. TCLP ☐ Yes ☐ No

If knowledge, note how this is adequate: analysis

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: \_\_\_\_\_

Note any problems: \_\_\_\_\_

- c. Were wastes tested using TCLP when a process or wastestream changes? ☐ Yes ☒ No



Handler Name: Black & Back  
ID Number: W 03236457  
Inspector: J. H. Hopkins

Comments

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]?

☒ Yes ☐ No ☐ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]

☐ Yes ☒ No

E. Management

1. On-site management

a. Were F-solvent wastes managed on-site?

☐ Yes ☒ No

If yes, answer 1(b) and (c); if no, answer 2.

b. For wastes that exceed treatment standards, was treatment, storage and/or disposal conducted?

☐ Yes ☐ No

If yes, TSDF Land Restriction checklist must be completed.

c. Are test results maintained in the operating record?

☐ Yes ☐ No

2. Off-site management

a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

(i) EPA waste number?

☒ Yes ☐ No

(ii) Applicable treatment standard?

☐ Yes ☒ No

(iii) Manifest number?

☒ Yes ☐ No

(iv) Waste analysis data, if available?

☒ Yes ☐ No

Identify off-site treatment facilities

Oldover Corp, Cascade, Va.



Handler Name: Black & Decker  
ID Number: NC P003236437  
Inspector: D. H. Decker  
Date: 4-29-87

Comments

b. If F-solvent wastes does not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

N/A

- (i) EPA Hazardous waste number? ☐ Yes ☐ No
- (ii) Applicable treatment standard? ☐ Yes ☐ No
- (iii) Manifest number? ☐ Yes ☐ No
- (iv) Waste analysis data, if available? ☐ Yes ☐ No
- (v) Certification regarding waste and that it meets treatment standards? ☐ Yes ☐ No

Identify land disposal facilities receiving the BDAT certified wastes.

---

---

c. If waste is subject to nation-wide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

N/A

☐ Yes ☐ No

F. Storage of F-solvent waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)?

☐ Yes ☒ No

If yes, was facility operating under interim status or permit?

☐ Yes ☐ No

If yes, TSD Checklist must be completed.



Handler name Black & Decker  
ID Number NCI2003236437  
Inspector J. H. Deakin  
Date 04-9-87

G. Treatment Using RCRA 264/265 Exempt Units or Processes

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

     Yes   ✓   No

If yes, list type of treatment unit and processes \_\_\_\_\_

Residuals from RCRA-exempt treatment units are subject to Land Disposal Restrictions Program. Ascertain whether residuals have been subjected to restriction program requirements.



Handler Name: Black & Decker  
 ID Number: NCP003236437  
 Inspector: J. H. Williams  
 Date: 14-9-87

# APPENDIX A

## SOLVENT IDENTIFICATION CHECKLIST

Comments

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2 trichloro 1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Handler Name: Black & Decker  
ID Number: WPC00-3236-437  
Inspector: J. H. Deakins  
Date: 4-4-87

Comments

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid  
nitrobenzene

☐ Yes ☒ No  
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene  
methyl ethyl ketone  
carbon disulfide  
isobutanol  
pyridine  
benzene  
2-ethoxyethanol  
2-nitropropane

☐ Yes ☒ No  
☒ Yes ☐ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties — that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

☒ Yes ☐ No

(a) Chemical carriers?

☐ Yes ☒ No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning?

☒ Yes ☐ No

If the answer is yes, list the constituents.

Trichloroethylene & MEK



Handler Name:  
ID Number:  
Inspector:  
Date:

*Black & Decker*  
*NCP 003236437*  
*J. H. Perkins*  
*4-4-87*

(c) Diluents?

☐ Yes ☒ No

Comments

If the answer is yes, list the constituents.

(d) Extractants?

☐ Yes ☒ No

If the answer is yes, list the constituents.

(e) Fabric scouring?

☐ Yes ☒ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media?

☐ Yes ☒ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe the waste may be an F-solvent answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed.

☒ Yes ☐ No

Handler Name: Black & Duck  
ID Number: ND 003236437  
Inspector: J. H. Ricketts  
Date: 4-4-87

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride  
2% trichloroethylene  
25% 1,1,1-trichloroethane  
68% mineral spirits  
100%

Comments

NA

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone  
16% methanol  
51% ethyl ether  
100%

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50% xylene F003  
12% TCE F001  
38% mineral spirits  
100%

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.



RDH

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH  
P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091



306 N. WILMINGTON ST.  
INSPECTION REPORT

EPA ID. # : NC1200323643 FACILITY NAME : Black & Decker (U.S.) Inc.

ADDRESS : 1758 S Fayetteville St. CITY : Asheboro 27203

DATE OF INITIAL INSPECTION : 4 9 87 STAFF ID # : 03 DOCKET # : \_\_\_\_\_

RESPONSIBLE AGENCY: S = STATE: E = EPA: X = OVERSIGHT:  
B = STATE CONTRACTOR: E = EPA CONTRACTOR: \_\_\_\_\_

TYPE OF EVALUATION: 1

1=CEI	8=WITHDRAWAL CANDIDATE
2=SAMPLING	9=CLOSED FACILITY
3=RECORD REVIEW	10=GENERAL (LOIS FOR EPA)
4=CME	11=CASE DEVELOPMENT
5=FOLLOW UP	12=CORRECTIVE ACTION
6=CITIZEN COMPLAINT	
7=PART B.	

80=INFORMAL MEETING

DATE OF INSPECTION: 4 9 87

CLASS	AREA OF VIOLATION							
	GW:	C/CP	FIN:	PART B:	CMPL.SCH:	MA:	OT:	CA:
I						0	0	
II								

ENTER 0, X, or Z IN THE CLASS I ROW.  
MAKE ENTRY IN CLASS II ROW ONLY IF CLASS II VIOLATIONS EXIST.

ENFORCEMENT ACTIONS:

			DATE ACTION		COMPLIANCES DATE		PENALTY		RESPONSIBLE	
CLASS	VIOLATION	CODE	TAKEN	SCHED.	ACTUAL	ASSESSED	COLLECTED	AGENCY	ID	

02=3007 INFO REQUEST  
03=NOV WARNING LETTER  
04=ADMIN. COMPLAINT  
05=FINAL ADMIN. ORDER  
10=INFORMAL

STATUS OF HANDLER: IN COMPLIANCE WITH SCHEDULE IN ORDER: \_\_\_\_\_ YES: \_\_\_\_\_ NO: \_\_\_\_\_

DATE STATUS EVALUATED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

RCRA INSPECTION REPORT

- 1) Facility Information Black & Dicker (U.S.) Inc.  
1758 S. Fayetteville St.  
Asheboro, N.C. 27203
- 2) Facility Contact NC D003236437  
Ray Pope, Facility Engineer
- 3) Survey Participants Ray Pope  
J. H. Huskins, Waste Mgt. Spec.
- 4) Date of Inspection 4-9-87
- 5) Applicable Regulations 40 CFR Part 262
- 6) Purpose of Survey Interim Status Inspection
- 7) Facility Description no change
- 8) Site Deficiencies none
- 9) Compliance Date none



## GENERATOR INSPECTION FORM - PART 262

Name of Site	EPA I.D.	County
Black & Decker (U.S.) Inc.	NCD003236437	Randolph
Location	Inspection Date	Signature of Inspector(s)
1758 S Fayetteville St, Asheville	4-9-87	J. H. Deakin
Compliance Date	27903	Signature of Facility Contact
no violations		X Gary C. Page

An inspection of your facility has been made this date and you are notified of the violations, if any, marked below with a cross (X).

## SUBPART A - GENERAL

## 1. Hazardous Waste Determination (262.11)

- ☒ Subpart D waste (b)  
☒ Subpart C waste (c)(1)(2)

## 2. EPA Identification Numbers

- ☒ EPA generator number (a)  
☒ EPA transporter/facility (c)

## SUBPART B - THE MANIFEST

## 3. General Requirements (262.20)

- ☒ proper manifest (a)  
☒ permitted facility (b)

## 4. Required Information (262.21)

- ☒ document number (a)(1)  
☒ generator identification (a)(2)  
☒ transporter identification (a)(3)  
☒ facility identification (a)(4)  
☒ D.O.T. description (a)(5)  
☒ total quantity (a)(6)  
☒ certification (b)

## 5. Number of Copies (262.22)

- ☒ minimum number

## 6. Use of the Manifest (262.23)

- ☒ generator handwritten signature (a)(1)  
☒ transporter signature/date (a)(2)  
☒ retain copy (a)(3)  
☒ copies to transporter (b)

## SUBPART C - PRE-TRANSPORT REQUIREMENTS

## 7. Packaging (262.30)

- ☒ D.O.T. compliance

## 8. Labeling (262.31)

- ☒ D.O.T. compliance

## 9. Marking (262.32)

- ☒ D.O.T. compliance (a)  
☒ "HAZARDOUS WASTE" label (b)

## 10. Placarding (262.33)

- ☒ D.O.T. compliance

## 11. Accumulation Time (262.34)

- ☒ Subpart I; J (a)(1)  
☒ accumulation date (a)(2)  
☒ "Hazardous Waste" (a)(3)  
☒ Subpart C; D (a)(4)\*  
☒ personnel training (a)(4)\*

\*Cite specific violations of 40 CFR 265 under remarks

## SUBPART D - RECORDKEEPING AND REPORTING

## 12. Recordkeeping (262.40)

- ☒ manifest retention (a)  
☒ annual/exception report (b)  
☒ test/waste analysis (c)

Black & Neecker (N.S.)

Ashelboro

2

13. Annual Reporting (262.41)

C submitted (a)(1-6)

C submitted (b)

4-9-87

14. Exception Reporting (262.42)

C transporter contact (a)

C exception report (b)(1)(2)

REMARKS:

no violations



## CONTAINER/TANK INSPECTION FORM - PART 265

Black & Decker (H.S.)  
Name of Site

NC D003236437  
EPA I.D.

4-9-87  
Inspection Date

## SUBPART I - USE AND MANAGEMENT OF CONTAINERS

## SUBPART J - TANKS

## 1. Condition Of Containers (265.171)

- ☒ leakage  
☒ past leakage (evidence)  
☒ severe rusting  
☒ structural defect

## 2. Compatibility Of Waste With Containers (265.172)

- ☒ visual evidence of noncompliance  
 (leakage, corrosion)

## 3. Management of Containers (265.173)

- ☒ closed (a)  
☒ improper handling or storage (b)

## 4. Inspections (265.174)

- ☒ weekly (minimum)

## 5. Special Requirements For Ignitable or Reactive Waste (265.176)

- ☒ 15m (50 ft)

## 6. Special Requirements For Incompatible Waste (265.177)

- ☒ mixing (a)  
☒ unwashed container (b)  
☒ separation (c)

## 1. General Operating Requirements (265.192)

- ☐ compatibility (a)(b)  
☐ uncovered tank precautions (c)  
☐ overflow prevention (d)

## 2. Waste Analysis and Trial Tests (265.193)\*

- \*Section not applicable to a generator only  
☐ waste analysis/trial test

## 3. Inspections (265.194)

- ☐ discharge control equipment (a)(1)  
☐ monitoring equipment (a)(2)  
☐ waste level (a)(3)  
☐ construction material (a)(4)  
☐ surrounding area (a)(5)  
☐ assessment schedule/procedures (b)

## 4. Closure (265.197)

- ☐ plan on-site

## 5. Special Requirements For Ignitable Or Reactive Waste (265.198)

- ☐ properly stored (a)(1)(2)(3)  
☐ buffer requirements (b)

## 6. Special Requirements For Incompatible Wastes (265.199)

- ☐ properly stored (a)  
☐ tank washed (b)

REMARKS: